

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29506

State File No. _____

No. 300
10.48

FILED AUG 24 1953

REG. DIST. NO. 272

PRIMARY REG. DIST. NO. 4403

Registrar's No. _____

780
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | | | |
|---|-------------------------------|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Linn</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>NEW MADRID</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Steele</u> | | c. LENGTH OF STAY (in this place) <u>2 days</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MATTHEWS RI 1</u> | | 0720 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | d. STREET ADDRESS <u>OS 210112</u> | | |
| 3. NAME OF DECEASED (First) <u>GEORGIA</u> | | b. (Middle) <u>ANNA</u> | c. (Last) <u>SCOTT</u> | 4. DATE OF DEATH (Month) <u>08</u> (Day) <u>19</u> (Year) <u>53</u> | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>FEB-11-1890</u> | 9. AGE (in years last birthday) <u>73</u> | 10. UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>WAYNE CO. TENN.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>JOHN HART</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY CONWAY W. SCOTT</u> | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NO</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jewel Ely Matthews RI</u> | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dead without medical aid while at a church gathering</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 7955 |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>L. P. Oldeman</u> | | | 23b. ADDRESS <u>Steele Mo</u> | | 23c. DATE SIGNED <u>8-18-53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>Aug 18-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memora Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>Near New Madrid, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>8-18-53</u> | | REGISTRAR'S SIGNATURE <u>L. P. Oldeman</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u> | |

(Licensed Embalmer's Statement on Reverse Side)

8-272-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

AUG 22 1953

AUG 22 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed L. H. Hedges

Licensed Embalmer No. 3803

P. O. Address New Madrid, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.